## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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NO TYPED OR PRINTED NAME OF BISHING OFFICER OR DIRECTOR

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## May 05, 2008 8:00 am DOCUMENT # P97000093433 **Secretary of State** 05-05-2008 90265 029 \*\*\*150.00 A-A PAINT & BODY, INC. Mailing Address Principal Place of Business C/O BASS & SANDFORT ACCOUNTANTS, PA 3800 NAVY BLVD. PENSACOLA, FL 32507 1301 W. GARDEN ST PENSACOLA, FL 32501 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 CR2E034 (12/06) City & State 4. FEI Number Applied For City & State 59-3475111 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BASS & SANDFORT ACCOUNTANTS** Street Address (P.O. Box Number is Not Acceptable) 1301 W. GARDEN ST PENSACOLA, FL 32501 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition PERRY, BRAD NAME NAME STREET ADDRESS STREET ADDRESS 3800 NAVY BLVD. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32507 VD ☐ Delete ☐ Change ☐ Addition TITLE PERRY, RUSSELL NAME NAME STREET ADDRESS 3800 NAVY BLVD. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32507 CITY-ST-ZIP SD ☐ Delete TITLE ☐ Change ☐ Addition PERRY, ROSSELL NAME NAME 3800 NAVY BLVD. STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32507 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete . . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the releven or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

Davime Phone #